PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 7590 04/06/2004 John M Lazarus Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile Foley & Lardner LLP Firstar Center transmitted to the USPTO, on the date indicated below. 777 East Wisconsin Avenue Jacqui Banks Milwaukee, WI 53202-5367 (Depositor's name) (Signature June 17, 2004 (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 10/030,588 05/17/2002 James T. Hotary 026032-3884 2168 TITLE OF INVENTION: SPACE EFFICIENT AND ADAPTABLE VEHICLE INTERIOR APPLN, TYPE SMALL ENTITY **ISSUE FEE** PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE NO nonprovisional \$1330 \$1330 07/06/2004 **EXAMINER** ART UNIT CLASS-SUBCLASS GUTMAN, HILARY L 3612 296-064000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the Foley & Lardner LLP names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single $\mbox{\ensuremath{\mathbf{U}}}$ Change of Correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent U "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Johnson Controls Technology Company Holland, Michigan Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): 🛎 Issue Fee A check in the amount of the fec(s) is enclosed. □ Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Advance Order - # of Copies U The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). (enclose an extra copy of this form) Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

John M. Lazarus Reg. No. 48,367 (Authorized)

2004 he Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or oth interest as shown by the resords of the United States Patent and Trademark Office.

(Date)

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Hotary et al.

Title:

SPACE EFFICIENT AND

ADAPTABLE VEHICLE

INTERIOR

Appl. No.:

10/030,588

Filing Date:

01/03/2002

Examiner:

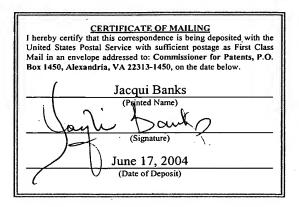
Hilary L. Gutman

Art Unit:

3612

Conf. No.:

2168



ISSUE FEE TRANSMITTAL

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Sir:

Enclosed herewith please find Issue Fee Transmittal Form PTOL-85(B) along with a check in the amount of \$1,330.00 for payment of the Issue Fee for the above-identified utility patent application.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.18, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Respectfully submitted,

Date JUNE 17, 200 4

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